(Office Use Only)	

COMMONWEALTH OF MASSACHUSETTS **HUMAN RESOURCES** MUNICIPAL LABOR SERVICE APPLICATION

Date:	

Alaskan Native

CITY OF TAUNTON

Applicants must be at least sixteen years old to register for Labor Service. Please print all answers in ink.

INCOMPLETE APPLICATIONS WILL BE RETURNED. **POSITIONS:** *Please checkoff positions applying for on pages 3 and 4. Submit with application.* 1. Name: Middle Last First 2. Home Address: Number Street City/Town Zip Code 3. Mailing Address: (If different) 4. Telephone #: Social Security: 6. Do you have a valid driver's license? No Driver's License #: Yes Do you have a valid CDL? Yes Class of License: No 7. Please check response. I will accept: Full Time Work Yes No Yes No Temporary Work Yes No Part-Time Work 8*. Have you ever served in the Armed Forces of the United States? Yes No If yes, attach a copy of discharge (DD214). 9*. Are you the widowed un-remarried spouse or parent of a veteran who died from a service-connected disability incurred in wartime service? Yes Questions 8 & 9 are asked to award preference, if applicable. Response to the following is voluntary. Failure to provide the information requested will not adversely affect your application. Please circle one: I am: Male Female I am: (2) White (3) Black (4) Hispanic (5) Asian (6) American Indian or

Note: Labor Service registration is valid for five years subject to all provisions of Civil Service Law and Rules. If you wish to renew your registration beyond that time, you must notify the local Labor Service Director in writing no earlier than six months before or no later than six months after the fifth anniversary of your registration. Failure to provide such notification will result in removal from the labor registration list. You must file a separate Labor Service application for each City or Town in which you wish to be considered. Applications may be filed in person or by mail at the Labor Registration Office in each City or Town.

(7) Cape Verdean

Employment History

Name of Emplo	ye <u>r:</u>				
Address:		~			
	Number	Street	City/Town	State	Zip Code
Employment Da	ates:	From	To		
Type of work:					
Name of Emplo	ye <u>r:</u>				
Address:		~			
	Number	Street	City/Town	State	Zip Code
Employment Da	ates:	From	To		
Type of work:					
Name of Emplo	yer:				
Address:	Number	Street	City/Town	State	Zip Code
Employment Da	ates:	From	То		
Type of work:					
Name of Emplo	yer:				
Address:	-				
	Number	Street	City/Town	State	Zip Code
Employment Da	ates:	From	То		
Type of work:					
employment, I u discharge. I agr offer of employ offer by the City Control Act of I pertinent inform information I ha	ree to take a phyment may be con y is conditional united authorized ation regarding ave provided on enalities for perjudent	alse or misleading infor- sical examination, given- ntingent upon the results upon my ability to estable investigation of all sta- my education, past emp this application is true a ury.	complete to the best of my mation given in my applicate by an appointed physician of the examination. I und lish employment eligibility tements contained in the apployment, history and backgond I understand that falsifi	ation or intervin, as required, lerstand that an under the Impoplication and ground. I declaration of any i	ew(s) may result in and recognize any ay employment nigration Reform and the release of any are that the nformation is
	DO NOTS	SIGN UNTIL YOU I	HAVE READ ABOVE	SIATEME	<u>N 1</u>
Signature (Do n	not print)		Date		